

POSITION	ID NO.	DATE
CLASSIFIER		7 5-9
EXAMINER		35a 517187
TYPIST		5-9
VERIFIER	85	5-9
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final	
Original	
1	✓ ✓ ✓
2	✓ ✓ ✓
10	✓
15	✓
16	✓
17	✓
20	✓
21	✓
22	✓
23	✓ ✓
24	✓ ✓
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29	✓
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SYMBOLS

- ✓ ... Rejected
- = ... Allowed
- (Through number) ... Cancelled
- ♦ ... Restricted
- ... Non-elected
- N ... Interference
- A ... Appeal
- O ... Objected

Claim	Date
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